

MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

-62-003318

DEPARTMENT OF PUBLIC HEALTH AND WELFARE

STATE FILE NUMBER

Registration District No. 311 Primary Registration District No. 4053 Registrar's No. 8

FILED JAN 31 1962

1. PLACE OF DEATH

a. COUNTY

St. Clair Co.

b. CITY (If outside corporate limits, give TOWNSHIP only)
OR
TOWN

Monegaw

Length of stay in lb

64 Yrs.

2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)

a. STATE

Mo.

b. COUNTY St. Clair

admission)

c. CITY
OR
TOWN

Deepwater

Inside Limits

Yes ☐ No ☒c. FULL NAME OF (If NOT in hospital, give location)
HOSPITAL OR
INSTITUTION

Deepwater, RFD. # 1,

Inside Limits

Yes ☐ No ☒d. STREET
ADDRESS

(If outside, give location)

RFD. # 1,

Reside on Farm

Yes ☒ No ☐3. NAME OF DECEASED
(Type or print)

First

Middle

Last

RAY

EDWARD

GILKEY

4. DATE
OF
DEATH

Month

Day

Year

Jan. 26, 1962

5. SEX

Male

6. COLOR OR RACE

White

7. Married ☒ Never Married ☐Widowed ☐ Divorced ☐

8. DATE OF BIRTH

3/6/1897

9. AGE (last birthday)

64

IF UNDER 1 YEAR

Month Days

10 20

IF UNDER 24 HR

Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)

Farmer

10b. KIND OF BUSINESS OR INDUSTRY

11. BIRTHPLACE (City and state or country)

St. Clair, Co. Mo.

12. CITIZEN OF WHAT COUNTRY

Usa

13a. FATHER'S NAME

George W. Gilkey

13b. MOTHER'S MAIDEN NAME

Laura Ellen Edwards

14. NAME OF HUSBAND OR WIFE

Gilda Ellen Gilkey

15. WAS DECEASED EVER IN U.S. ARMED FORCES?

(Yes, no, or unknown) (If yes, give war or dates of service)

Yes

W. W. I

17. INFORMANT

Address

RFD. # 1

Mrs. Ray E. Gilkey, Deepwater, Mo.

18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).)

PART I. DEATH WAS CAUSED BY:

IMMEDIATE CAUSE (a)

Chronic Myelogenous Leukemia

INTERVAL BETWEEN
ONSET AND DEATH

1 year

Conditions, if any,
which gave rise to
above cause (a),
stating the under-
lying cause last.

DUE TO (b)

DUE TO (c)

PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal
disease condition given in PART I (a)

None

PART III. If deceased was female was
there a pregnancy in last 90 days.☐ Yes ☐ No ☐ Unknown19. WAS AUTOPSY
PERFORMED?
YES ☐ NO ☒

20a. ACCIDENT

SUICIDE

HOMICIDE

20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.)

20c. TIME OF
INJURYHour
a.m.
p.m.

Month, Day, Year

20d. INJURY OCCURRED
WHILE AT WORK ☐
NOT WHILE AT WORK ☐20e. PLACE OF INJURY (e.g., in or about home,
farm, factory, street, office bldg., etc.)

20f. CITY, TOWN, OR LOCATION

COUNTY

STATE

21. I attended the deceased from

11/2/60
7:45 P

to

1/26/62

and last saw

1/26/62

Death occurred at _____ on the date stated above, and to the best of my knowledge, from the causes stated.

22a. SIGNATURE

(Degree or title)

S. B. Hatcher, M.D.

22b. ADDRESS

Clinton Mo.

22c. DATE SIGNED

1/27/62

23a. BURIAL, CREMATION,
REMOVAL (Specify)

Burial

23b. DATE

Jan. 29, 1962

23c. NAME OF CEMETERY OR CREMATORY

Maple Wood Cemetery

23d. LOCATION (City, town, or county)

Brownington, Mo.

(State)

24. FUNERAL DIRECTOR

ADDRESS

Vansant Funeral Home, Clinton, Mo.

25. DATE RECD. BY LOCAL REG.

Jan. 28 1962

26. REGISTRAR'S SIGNATURE

Elmer Abney

(Licensed Embalmer's Statement on Reverse Side)

FEB 15 1962

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me,
or by _____, Student Embalmer No. _____
working under my personal supervision.

Student _____
Signature of Student Embalmer

Signed H. J. Vansant

Licensed Embalmer No. 3779

P. O. Address Clinton, Mo.

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license).
If embalmed by a STUDENT, he also shall sign in his OWN handwriting.
If this body is not embalmed, fact should be so stated above.